FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:34

DOCUMENT # N93000003068 (4)

1. Corporation Name
BOCA RATON PHYSICIAN-HOSPITAL ORGANIZATION, INC.

Principal Place of Business	Mailing Address
800 MEADOWS RD BOCA RATON FL 33486	800 MEADOWS RD BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/09/1993**
3a. Date of Last Report: **03/11/1994**
4. FEI Number: **65-0428265** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOVAL, CHARLES B 800 MEADOWS ROAD BOCA RATON FL 33486	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VALK, TIMOTHY M.D.	12 NAME	
STREET ADDRESS	1500 N.W. 10TH AVE., #205	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	PIERCE, RANDOLPH	22 NAME	
STREET ADDRESS	800 MEADOWS RD	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCGIBANY, SUSIE	32 NAME	
STREET ADDRESS	800 MEADOWS RD.	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	OSBORNE, A E III	42 NAME	
STREET ADDRESS	800 MEADOWS RD	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CHRISTAKIS, JOHN	52 NAME	
STREET ADDRESS	299 W CAMINO GARDENS BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BIEHL, ALBERT MD	62 NAME	
STREET ADDRESS	951 N.W. 13TH ST. #1C	63 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susie McGibany Susie McGibany 2-19-95 407-393-4030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013360